



College of Southern Idaho
FMLA Leave Request, Approval and Information

This section to be completed by the employee

Employee name _____ ID # _____ Position/Department _____

I am requesting a Family/Medical Leave of Absence for the following qualifying reason:

- _____ Birth of a child and/or assist in the care of a newborn child of the employee
- _____ Placement with the employee of a child through adoption or foster care of a child
- _____ Care for the employee's spouse, dependent child, or parent of the employee who has a serious health condition

Name/Relationship of person: _____

_____ A serious health condition of the employee

Anticipated date FMLA leave is to begin: _____ end: _____

Comments: _____

I acknowledge that I have received a copy of the College of Southern Idaho's Family Medical Leave Act Policy and a copy of *Your Rights Under The Family and Medical Leave Act of 1993*. I further understand that if I do not return to my position at the end of my approved Family Medical Leave my employment may be terminated.

 Employee Signature

 Date

This section is to be completed by the HR Department.

Copy of this form is to be provided to the employee

Full-Time Date of Hire _____ 12 Month worked Yes ___ No ___ 1250 hours Yes ___ No ___

_____ Leave of absence **approved** (FMLA eligibility requirements met)

_____ Leave of absence **conditionally approved** pending receipt of medical certification (FMLA eligibility met)

Medical certification due by _____ (at least 15 days must be allowed)

_____ Leave of absence **denied**

Comments: _____

Approved FMLA Weeks Available _____ Days Available _____ Hours Available: _____

Paid leave available to employee as of _____

Paid **sick leave** available _____ hrs. _____ days

Paid **vacation leave** available _____ hrs. _____ days

Compensation time available _____ hrs. (Not counted against leave)

Employee WILL WILL NOT be required to maintain periodic contact with supervisor (via phone, e-mail or in writing) every _____ days/week/month.

 Human Resources

 Date